

## 15. W. Bullock – F.5 Report of Separation



Eff. Jan 2018

NORTH CAROLINA DEPARTMENT OF JUSTICE  
SHERIFFS' STANDARDS DIVISION

JOSH STEIN  
ATTORNEY GENERAL

POST OFFICE BOX 629  
RALEIGH, NC 27602 - 0629  
TELEPHONE: 919-779-8213 FAX 919-662-4515

DIANE KONOPKA  
DIRECTOR

REPORT OF SEPARATION

FORM F-5

☒ DEPUTY SHERIFF

☐ DETENTION OFFICER

**INSTRUCTIONS:** Please type or print all information clearly. This form shall be completed upon separation from one or both certified positions. This form must be submitted to the Commission **NO LATER THAN 10 DAYS AFTER FINAL SEPARATION**. A copy of this form must be retained in the appointing Agency's Personnel file.

SEPARATING AGENCY VANCE COUNTY SHERIFF'S OFFICE PHONE NUMBER (252) 738-2200

ADDRESS 156 CHURCH STREET, SUITE 004, HENDERSON, NC ZIP CODE 27536

OFFICER'S NAME JUSTIN JAMEL WHITE

(First)

(Middle)

(Last)

CURRENT HOME ADDRESS 130 CHAPPELL LANE, KITTRELL, NC 27544

DATE OF BIRTH 08/15/1989 SOCIAL SECURITY NUMBER 244-63-6901

DATE OF EMPLOYMENT: DEPUTY 06/05/2017 DETENTION OFFICER \_\_\_\_\_

POSITION/RANK DEPUTY SHERIFF

☒ Full-Time

☐ Part-time

DATE OF SEPARATION 10/24/2018

☐ Death

Was this separation a result of a criminal investigation or violation of Commission rules?

☐ YES ☒ NO

Are you aware of any on-going or substantiated internal investigation regarding this officer within the last 18 months?

☒ YES ☐ NO

I, as an official representative of this agency, do advise that the above-named officer has been separated from this agency on the date indicated herein. In addition, pursuant to the requirements of 12 NCAC 10B .0405(c), the officer has been notified of this separation as evidenced by his/her signature below or the attached letter. **IF this officer was ACTIVE between January and July, and did not complete the mandated In-Service Training, he/she must do so before becoming Active again. In addition, the obligation to notify the Sheriffs' Standards Division of criminal charges, domestic violence orders and civil no contact orders continues for one year from the date of separation.**

Signature of Sheriff or Registered Authorized Representative

Sheriff

Title

Date

"Signature on file"

Signature of Officer

Date

\* (Officer has the right to submit a written statement of additional information to the Sheriffs' Standards Division regarding this separation.